

**City of Pullman**  
**Industrial Pretreatment Program**

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<b>INDUSTRIAL USER APPLICATION</b>
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NOTE TO SIGNING OFFICIAL: Make sure all blanks in Sections 1 and 2 are completed. Information must be typewritten or clearly printed. Attach additional sheets keyed to Section and Item number if needed to provide complete information. Signing official must have authorization to provide such information on behalf of the institution, company, corporation or partnership. Please complete a survey form for each facility that discharges to the City sanitary sewer system. More information or additional copies of this form can be obtained from the City of Pullman Wastewater Treatment Plant, 1025 NW Guy Street, (509) 338-3233, or fax (509) 332-8487.

**SECTION 1 – GENERAL INFORMATION**

**A. INDUSTRIAL USER - GENERAL**

1. Company Name \_\_\_\_\_
2. Division Name (if applicable) \_\_\_\_\_
3. Mailing Address
  - a. Street or P.O. Box \_\_\_\_\_
  - b. City, State and Zip Code \_\_\_\_\_
4. Facility Address
  - a. Street or P.O. Box \_\_\_\_\_
  - b. City, State and Zip Code \_\_\_\_\_
5. Name, Title and Telephone Number of Signing Official
  - a. Name \_\_\_\_\_
  - b. Title \_\_\_\_\_
  - c. Telephone Number \_\_\_\_\_ Emergency Telephone \_\_\_\_\_
6. S.I.C. Number (if applicable) \_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Official

\_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2 – WATER/WASTEWATER DATA

### A.WATER / WASTEWATER SOURCES (Check one)

- ☐ 1. Septage
- ☐ 2. Chemical Toilets
- ☐ 3. Hydrocarbon Impacted Remediation Sites \*
- ☐ 4. Industrial Discharger (check any of the following that may apply)
  - a. Food Processor
  - b. Printing/Photo Finishing
  - c. Metal Plating/Processing
  - d. Chemical Processing
  - e. Automotive/Truck Repair or Servicing
  - f. Laundry
  - g. Car Wash
  - h. Medical Care Facility
  - i. Funeral Services
  - j. Other

\*If you selected **A3** or **A4**, complete the following. If not, proceed to Section 2.B.

Please describe the process or procedure that produces the waste to be disposed of. Attach a drawing of your site including the process, potable water and sewer collection points in the area. The drawing should include a North arrow and show location of buildings, streets or alleys and any other pertinent structures.

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Do you plan or are there any existing processes to pretreat the water/wastewater prior to discharge to a sanitary sewer? If so, describe the process and attach a process schematic.

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Do you have a spill prevention plan for your facility or site?

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Do you dispose of any chemicals, solvents, sludges or hazardous materials to locations other than municipal sewers or surface waters? (Example: landfill, hazardous waste site or chemical recyclers). If so, provide a description of each material giving the composition, solids content, annual quantity, means of disposal and ultimate disposal locations.

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## SECTION 2 – WATER/WASTEWATER DATA (Cont.)

### B.WATER / WASTEWATER FLOWS (Select on and supply the additional information)

- \_\_\_\_\_ 1. Batch Flow
- a. Average batch sizes (gallons) \_\_\_\_\_
  - b. Number of batches discharged per day: \_\_\_\_\_
  - c. Batch discharge times: \_\_\_\_\_
- \_\_\_\_\_ 2. Continuous Flow (for 24 hours per day)
- a. Average daily flow: \_\_\_\_\_ gpm.
  - b. Peak daily flow: \_\_\_\_\_ gpm.
- \_\_\_\_\_ 3. Continuous Flows (for less than 24 hours per day)
- a. Average daily flow: \_\_\_\_\_ gpm.
  - b. Peak daily flow: \_\_\_\_\_ gpm.
  - c. Time of flows: \_\_\_\_\_

### C.WATER / WASTEWATER ANALYSIS

Parameters to be tested are checked below. All analysis must be from a WDOE certified lab. Copies of the analysis should be attached to this form. All relevant MSDS's for proposed wastes should also be attached. (Type of sample to be tested is listed as composite (C) or grab (G)).

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| _____ BOD (biochemical oxygen)    | _____ Cyanide, total                 |
| _____ COD (chemical oxygen)       | _____ Lead                           |
| _____ TSS (total suspended solid) | _____ Mercury                        |
| _____ pH                          | _____ Nickel                         |
| _____ Temperature                 | _____ Silver                         |
| _____ Ammonia nitrogen            | _____ Zinc                           |
| _____ Arsenic                     |                                      |
| _____ Cadmium                     | _____ Benzene                        |
| _____ Chrome, hexavalent          | _____ Toluene                        |
| _____ Chrome, total               | _____ Ethylbenzene                   |
| _____ Copper                      | _____ Non-polar fats, oil and grease |
| _____ Cyanide, free               |                                      |

\_\_\_\_\_ Others as specified: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_